

FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

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1. NAME OF  
COMMITTEE (in full)



(Check if name  
is changed)

Example: If typing, type  
over the lines.

12FE4M5

NOVOCURE INC. PAC

ADDRESS (number and street)

2 W. LIBERTY BLVD.



(Check if address  
is changed)

HALVERN

CITY ▲

PA

STATE ▲

19355

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS



(Check if address  
is changed)

tlongsworth@novocure.com

Optional Second E-Mail Address

flleonard@novocure.com

COMMITTEE'S WEB PAGE ADDRESS (URL)



(Check if address  
is changed)

2. DATE

04 / 30 / 2014

3. FEC IDENTIFICATION NUMBER ►

C

4. IS THIS STATEMENT



NEW (N)

OR



AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

TODD LONGSWORTH

Signature of Treasurer

Date

04 / 30 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office  
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Only

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

FEC FORM 1  
(Revised 06/2012)

14031232346

## 5. TYPE OF COMMITTEE

**Candidate Committee:**

- (a) ☐ This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

Candidate Party Affiliation

Office Sought:

House

Senate

President

State

District

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

**Party Committee:**

- (d) ☐ This committee is a ☐ (National, State or subordinate) committee of the ☐ (Democratic, Republican, etc.) Party.

**Political Action Committee (PAC):**

- (e) ☒ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
- ☒ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization
- ☐ Membership Organization ☐ Trade Association ☐ Cooperative
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- (f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- ☐ In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

**Joint Fundraising Representative:**

- (g) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

**Committees Participating in Joint Fundraiser**

- |    |                      |               |                      |
|----|----------------------|---------------|----------------------|
| 1. | <input type="text"/> | FEC ID number | <input type="text"/> |
| 2. | <input type="text"/> | FEC ID number | <input type="text"/> |
| 3. | <input type="text"/> | FEC ID number | <input type="text"/> |
| 4. | <input type="text"/> | FEC ID number | <input type="text"/> |

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Write or Type Committee Name

NOVOCORE INC. PAC

## 6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

NOVOCORE INC.

Mailing Address

195 COMMERCE WAY

ATTN GENERAL COUNSEL

PORTSMOUTH

NH

03801

CITY

STATE

ZIP CODE

Relationship:



Connected Organization



Affiliated Committee



Joint Fundraising Representative



Leadership PAC Sponsor

## 7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

TODD LONGSORTH

Mailing Address

NOVOCORE

2 W. LIBERTY BLVD

MALVERN

PA

19355

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

212-767-7549

## 8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name  
of Treasurer

TODD LONGSORTH

Mailing Address

NOVOCORE

2 W. LIBERTY BLVD

MALVERN

PA

19355

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

212-767-7549

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Full Name of  
Designated  
Agent

FRANK LEONARD

Mailing Address

NOVOOCURE

2 W. LIBERTY BLVD

HALVERN

CITY

PA

STATE

19355

ZIP CODE

Title or Position

ASST. TREASURER

Telephone number

212-767-7536

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

J.P. MORGAN

Mailing Address

270 PARK AVENUE

NEW YORK

CITY

NY

STATE

10017

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

14031232349

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SUSAN LUCZAK 212-767-7529 NOVOCURE INC 2 WEST LIBERTY BOULEVARD MALVERN PA 19355		0.5 LBS LTR	1 OF 1
<b>SHIP TO:</b> FEDERAL ELECTION COMMISSION 999 E. STREET, NW WASHINGTON DC 20463-0001			
	MD 201 9-83 		
<b>UPS NEXT DAY AIR SAVER</b>		<b>1P</b>	
TRACKING #: 1Z 815 284 13 9472 1401			
			
BILLING: P/P			
Reference #1: Novocure Inc. PAC Reference # 2: Admin - Legal Documents			

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Federal Election Commission  
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	5/1/14
PREPARER (8/2013)	DATE PREPARED

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